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SCHOOL OF MEDICINE
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SAN FRANCISCO, CALIFORNIA 94143

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Harold E. Varmus, M.D.
HSE-416
University of California
San Francisco, California 94143

Dear Harold:

I am writing in response to your letter concerning the classification of the retroviruses recovered from AIDS patients. As you know, our laboratory has been engaged in the isolation of these viruses for two years. Because they are new agents associated with AIDS and related conditions, we have named them AIDS-associated retroviruses (ARV).

The term LAV (lymphadenopathy associated virus), initially suggested for this group of viruses by Drs. Montagnier, Chermann, and Barre-Sinoussi, does not appear to be appropriate because of the association of the virus with other conditions. However, their recent interpretation of the abbreviated letters as "lymphadenopathy/AIDS virus" would make it more acceptable.

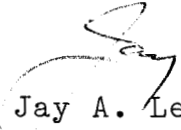
For several reasons, my group would not be in favor of the nomenclature suggested by Dr. Gallo and his group. For the most part, the AIDS retrovirus is very different from HTLV-I and HTLV-II, not only on molecular but also on biological and clinical grounds. Clearly, the AIDS retrovirus fits best into the lentivirinae subfamily of retroviruses, not the oncovirinae subfamily as do HTLV-I and HTLV-II (see enclosed table). Moreover, it is misleading to consider the AIDS retrovirus a tumor virus, since it does not transform lymphocytes in culture nor in patients. Physicians and others are confused by the placement of the AIDS virus in a human leukemia virus subfamily, since they then assume it has a leukemia-inducing property.

I favor classifying the AIDS virus in a category by itself. It is most likely the prototype of a human lentivirus and should not be confused with other human retroviruses. My group prefers to maintain our initial nomenclature, that of AIDS-associated retrovirus (ARV) as it best defines the agent linked to this distinct clinical disease. The concern about frightening individuals with the term "AIDS" virus should not be a consideration. "A rose by any other name is still a rose"; no matter what term is given to the AIDS retrovirus, individuals will easily recognize its connotation.

Dr. Varmus
page 2

I therefore, submit for consideration the name of ARV as the appropriate term for these AIDS retroviruses.

Sincerely,



Jay A. Levy, M.D.

JAL/cb